

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

Civil Case No. 3:14-cv-1125-HU

Hsiao Chow

Plaintiff(s),

v.

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

Aetna Life Insurance Company

Defendant(s).

Attorney Ari J. Scharg requests special admission *pro hac vice* in
the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the
requirements of L.R. 83-3, and certify that the following information is correct:

(I) PERSONAL DATA:

Name: Scharg, Ari J.
(Last Name) (First Name) (MI) (Suffix)
Firm or Business Affiliation: Edelson PC
Mailing Address: 350 North LaSalle Street, Suite 1300
City: Chicago State: Illinois Zip: 60654
Phone Number: 312-589-6370 Fax Number: 312-589-6379
Business E-mail Address: ascharg@edelson.com

(2) **BAR ADMISSIONS INFORMATION:**

- (a) State bar admission(s), date(s) of admission, and bar ID number(s):
Illinois; November 6, 2008; 6297536

- (b) Other federal court admission(s), date(s) of admission, and bar ID number(s):
Northern District of Illinois (11/6/2008), Eastern District of Michigan (8/16/2012)
District of Colorado (12/18/2012), Ninth Circuit Court of Appeals (09/19/2012)
Seventh Circuit Court of Appeals (1/18/2012)

(3) **CERTIFICATION OF DISCIPLINARY ACTIONS:**

- (a) ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) **CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) **REPRESENTATION STATEMENT:**

I am representing the following party(s) in this case:

Plaintiff Hsiao Chow

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 5th day of August, 2014



(Signature of Pro Hac Counsel)

Ari J. Scharg

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of L.R. 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 5th day of August, 2014



(Signature of Local Counsel)

Name: Stanford, Darian A.

(Last Name)

(First Name)

(MI)

(Suffix)

Oregon State Bar Number: 994491

Firm or Business Affiliation: Slinde Nelson Stanford

Mailing Address: 111 SW Fifth Avenue, Suite 1740

City: Portland

State: Oregon

Zip: 97204

Phone Number: 503-417-7777

Business E-mail Address: darian@slindenelson.com

COURT ACTION

☐ Application approved subject to payment of fees.

☐ Application denied.

DATED this _____ day of _____, _____

Judge